

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09741106 FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20	/					
21	/					
22	/					
23	/					
24	/					
25	/					
26	/					
27	/					
28	/					
29	/					
30	/					
31	/					
32	/					
33	/					
34	/					
35	/					
36	/					
37	①					
38	①					
39	①					
40	①					
41	①					
42	①					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
54	/					
55	/					
56	/					
57	/					
58	(1)					
59	/					
60	/					
61	/					
62	/					
63	/					
64	/					
65	/					
66	/					
67	/					
68	/					
69	/					
70	/					
71	/					
72	/					
73	/					
74	/					
75	/					
76	/					
77	/					
78	/					
79	/					
80	/					
81	/					
82	/					
83	/					
84	/					
85	/					
86	/					
87	/					
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.	84					
TOTAL CLAIMS	90					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS